INDEPENDENT REVIEWERS OF TEXAS, INC.

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[Date notice sent to all parties]:

9/28/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar myelogram w ct scan

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified Neurosurgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male. On xxxxxx, an MRI of the lumbar spine was obtained noting from L1-2 down to L3-4, the disc was of normal appearance. At the L4-5 level, there was a trace disc bulge otherwise the disc was unremarkable. At the L5-S1 level, postoperative changes from a left hemilaminectomy and discectomy were identified. There was granulation tissue enhancement within the left laminectomy bed as well as extending along the left lateral margin of the thecal sac and into the left lateral recess. No focal non-enhancing regions were identified to suggest residual or recurrent disc material. On 07/29/15, the patient returned to clinic. It was noted that he had undergone a left L5-S1 micro lumbar discectomy in January of 2015 with resolution of preoperative symptoms. It was noted he was doing well when he once again fell at work landing on his left hip and since that time he had had severe left low back pain, left hip pain, and left leg pain. Lumbar facet blocks performed in July of 2015 did not provide significant benefit. On examination, his facet signs were strongly positive. Deep tendon reflexes were 2 in the patella and 1+ in the Achilles and symmetrical. Motor strength was 5/5 in all major muscle groups of the lower

extremities. Noting that he was not improving, and to further evaluate worsening symptoms, a CT myelogram of the lumbar spine was ordered. On 08/12/15, the patient returned to clinic. It again was noted that the examination revealed deep tendon reflexes were 2 in the patella, 1+ in the Achilles and symmetrical and motor strength was 5/5 in all major muscle groups of the lower extremities. A CT myelogram was again recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

On 08/05/15, a notification of adverse determination letter was submitted for the requested lumbar myelogram with CT scan. The criteria used in analysis were the Official Disability Guidelines low back chapter for myelogram. The rationale given was that there were no documented clinical findings suggestive of a CSF leak or surgical or radiation therapy planning to warrant a CT myelogram, and there was no documented contraindication to an MRI. It was noted MRI of the lumbar spine had been performed on 05/07/15. Therefore the request was non-certified. On 09/02/15, a notification of reconsideration determination letter was submitted for the requested lumbar CT myelogram, and the Official Disability Guidelines low back chapter was utilized as a reference. The rationale given was that there was no documentation that the patient had preclusions from MRI use such as claustrophobia, technical issues like patient size, pacemaker and/or surgical hardware, and therefore the medical necessity of the request was not established and the previous determination was upheld.

The records indicate the patient has undergone a previous decompression, and the most recent MRI dated 05/07/15 notes at L1-2, L2-3 and L3-4 the disc was of normal appearance. At L4-5 there was a trace disc bulge otherwise unremarkable. At the L5-S1 level, there was identified granulation tissue enhancement, and no focal non-enhancing regions were identified to suggest residual or recurrent disc material. The provider has indicated the patient has worsened although he remains with full strength, and reflexes have remained steady at 2 at the patella and 1 in the Achilles and symmetrical. The provider in his appeal letter dated 08/10/15, notes the lumbar myelogram was being requested to diagnose the patient's severe radicular symptoms, and in certain cases only myelogram was able to show nerve root compression that otherwise would be missed on MRI scan. Criteria for this procedure a CT myelogram of the lumbar spine not only include demonstration of a CSF leak, but surgical planning especially in regards to the nerve roots as a myelogram can show whether surgical treatment is promising in a given case and if it is can help in planning surgery. If an MRI is precluded, or if there is poor correlation of physical findings with MRI scan, the lumbar myelogram and CT may be supported as well. This patient has normal strength, and he has not

demonstrated progressive neurological deficits, and the MRI confirms no new or recurrent disc herniation. The rationale for this procedure has not been identified. It is the opinion of this reviewer that the request for a CT myelogram of the lumbar spine is not medically necessary and the previous determinations are upheld.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

ODG Criteria for Myelography and CT Myelography:
Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, low back chapter, updated 05/15/15

1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea).
2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery.
3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord.
4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord.
5. Poor correlation of physical findings with MRI studies.
6. Use of MRI precluded because of:
   a. Claustrophobia
   b. Technical issues, e.g., patient size
   c. Safety reasons, e.g., pacemaker
   d. Surgical hardware